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CONFIRMATION NO. 1079

Bib Data Sheet

SERIAL NUMBER 10/045,628	FILING DATE 10/19/2001 RULE	CLASS 606	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. 1001.1506101
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APPLICANTS

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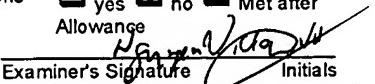
** CONTINUING DATA *****

7 None (D)

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/18/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	7	52	7
Verified and Acknowledged	Examiner's Signature  Initials 				

ADDRESS

28075
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TITLE

Vascular embolic filter exchange devices and methods of use thereof

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
RECEIVED 1782		